

APPLICATION FOR A MANUFACTURER'S LICENSE

KRS 238.530(3) PROVIDES THAT NO PERSON WHO IS LICENSED AS A DISTRIBUTOR SHALL BE LICENSED AS A MANUFACTURER AND NO PERSON LICENSED AS A MANUFACTURER SHALL BE LICENSED AS A DISTRIBUTOR.

A COMPLETE APPLICATION MUST BE RECEIVED AT LEAST SIXTY (60) DAYS PRIOR TO THE INTENDED START OF LICENSE OR BEFORE THE EXPIRATION OF YOUR CURRENT LICENSE.

GENERAL MANUFACTURER INFORMATION

1. Name of applicant (manufacturer): _____

☐ New

☐ Renewal MAN- _____

Please list any other names under which you conduct business in the United States:

(Attach additional sheets, if necessary)

2. Is applicant organized as: _____ Corporation
_____ Partnership
_____ Limited Liability Co. (LLC)
_____ Sole Proprietorship
_____ Other

If "other", explain in detail: _____

3. Mailing address: _____

County: _____

Telephone: (_____) _____

Fax number: (_____) _____

4. Federal Employer Tax Number: _____

5. Date of birth (if applicant is an individual): _____



OFFICER INFORMATION

6a. The following information is required for the chief executive officer and the chief financial officer of the applicant. Note: These officers are subject to a state and national criminal history background check, and fingerprinting will be required. Additional information will be forwarded to you relating to the procedures for the background checks.

Chief Executive Officer:

Title: _____

Name: _____

Note: PO Box is not acceptable

Home Address: _____

City: _____

State/Zip: _____

Telephone: (____) _____

Date of birth: _____

Social security number: _____

Chief Financial Officer:

Title: _____

Name: _____

Note: PO Box is not acceptable

Home Address: _____

City: _____

State/Zip: _____

Telephone: (____) _____

Date of birth: _____

Social security number: _____

6b. The following information is required for officers of the applicant not listed in question #6a above:

Name: _____

Officer's title: _____

Note: PO Box is not acceptable

Home Address: _____

City: _____

State/Zip: _____

Telephone: (____) _____

Date of birth: _____

Social security number: _____

Name: _____

Officer's title: _____

Note: PO Box is not acceptable

Home Address: _____

City: _____

State/Zip: _____

Telephone: (____) _____

Date of birth: _____

Social security number: _____

Name: _____

Officer's title: _____

Note: PO Box is not acceptable

Home Address: _____

City: _____

State/Zip: _____

Telephone: (____) _____

Date of birth: _____

Social security number: _____

Name: _____

Officer's title: _____

Note: PO Box is not acceptable

Home Address: _____

City: _____

State/Zip: _____

Telephone: (____) _____

Date of birth: _____

Social security number: _____

(Attach additional sheets, if necessary)

FINANCIAL INTEREST

6c. The following information is required for each individual who has a 10% or greater financial interest in the applicant (manufacturer). Note: These individuals shall be subject to a state and national criminal history background check, and fingerprinting will be required. Additional information will be forwarded to you relating to the procedures for the background checks.

Name: _____

Name: _____

Note: PO Box is not acceptable

Note: PO Box is not acceptable

Home Address: _____

Home Address: _____

City: _____

City: _____

State/Zip: _____

State/Zip: _____

Telephone: (____) _____

Telephone: (____) _____

Date of birth: _____

Date of birth: _____

Social security number: _____

Social security number: _____

(Attach additional sheets, if necessary)

MANAGEMENT

6d. List all other persons with management responsibilities not listed above.

Name: _____

Name: _____

Note: PO Box is not acceptable

Note: PO Box is not acceptable

Home Address: _____

Home Address: _____

City: _____

City: _____

State/Zip: _____

State/Zip: _____

Telephone: (____) _____

Telephone: (____) _____

Date of birth: _____

Date of birth: _____

Social security number: _____

Social security number: _____

Please provide job title or position held and regular job duties:

(Attach additional sheets, if necessary)

REGISTERED AGENT

7. If applicant is not a resident of the Commonwealth of Kentucky, you must provide the name and address of applicant's registered agent in Kentucky:

Name: _____

Address: _____

City/State/Zip: _____

Telephone: (____) _____

OTHER LICENSE(S)

8. Is applicant currently licensed or permitted as a manufacturer of charitable gaming supplies and equipment in any other states, territories or countries?

Yes or No

If "Yes", please list the state, territory, or country:

State/territory/country: _____

State/territory/country: _____

GENERAL INFORMATION

9. **Has the applicant had any disciplinary action taken by regulatory authorities in any other states, territories, or countries?**

Yes or No

If "yes", state when and by what regulatory authority and on what ground(s):

10. **Has the applicant ever been denied a license or permit in any state, territory, or country?**

Yes or No

If "yes", state when and by what regulatory authority and on what ground(s):

11. **Has the applicant had any disciplinary action taken by any other regulatory authorities in the Commonwealth of Kentucky?**

☐ Yes or ☐ No

If "yes", explain in detail the circumstances:

- 12a. **Has applicant or any individual named in question #6 a, b, & c been convicted of a crime in federal court or the courts of any state, the District of Columbia, or any territory of the United States?**

☐ Yes or ☐ No

If "yes", describe in detail:

- 12b. **Is the applicant or any individual named in question #6 a, b, & c above under indictment in federal court or the courts of any state, the District of Columbia, or any territory of the United States?**

☐ Yes or ☐ No

If "yes", describe in detail:

13. Please list all locations from where you manufacture or distribute charitable gaming supplies.

Street Address: _____

City: _____

State/Territory: _____

Country: _____

Street Address: _____

City: _____

State/Territory: _____

Country: _____

Street Address: _____

City: _____

State/Territory: _____

Country: _____

Street Address: _____

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Street Address: _____

City: _____

State/Territory: _____

Country: _____

Street Address: _____

City: _____

State/Territory: _____

Country: _____

SUPPLIES AND EQUIPMENT

14. What charitable gaming supplies and equipment are manufactured by your company?

bingo paper
charity game tickets
hand-held bingo card minding devices
bingo flash boards and blowers
festival – carnival type games
monte carlo type games
Other: _____

THE APPLICANT SHALL NOTIFY THE OFFICE OF CHARITABLE GAMING IN WRITING OF ANY CHANGES IN RESPONSES TO THE QUESTIONS ABOVE WITHIN THIRTY (30) DAYS.

CERTIFICATION

I certify under penalty of perjury that I am an officer authorized by the applicant to make application for licensure and that I have examined this application for licensure, including accompanying materials, and all information submitted is, to the best of my knowledge and belief, true and correct. I further certify that the applicant agrees to comply with all applicable laws and administrative regulations regarding Charitable Gaming in the Commonwealth of Kentucky.

Signature: _____

Print name: _____

Officer's title: _____

Date: _____

Mail completed application (including all required attachments), together with \$25.00 processing fee made payable to "Kentucky State Treasurer", to:

Environmental and Public Protection Cabinet
Office of Charitable Gaming
Division of Licensing & Compliance
132 Brighton Park Boulevard
Frankfort, KY 40601

If you need any help completing this application, please call (502) 573-5528 or toll-free in Kentucky, (800) 729-5672.

Visit our website at:

<http://ocg.ky.gov/>